

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14163

FILED APR 25 1953

1847

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|--|---------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3748</u> | | | |
| c. LENGTH OF STAY (in this place) <u>47 yrs.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1045 West 54th Street</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>ALICE</u> | | b. (Middle) _____ | | c. (Last) <u>FENNELLY</u> | |
| 4. DATE OF DEATH | | (Month) <u>April</u> | | (Day) <u>4</u> | | (Year) <u>1953</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | | 8. DATE OF BIRTH <u>Sept. 14, 1873</u> | | 9. AGE (in years last birthday) <u>79</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles Fauntleroy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Chamber</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Joseph Fennelly</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Mrs. James Lysle, Leavenworth, Kansas</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic Anemia & Thrombocytopenia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2924 | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>9 Dec</u> , 19 <u>49</u> , to <u>4 April</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4 April</u> , 19 <u>53</u> , and that death occurred at <u>9:15 A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Blaine Z. Hubbard</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>411 Nicholas Rd KCMO</u> | | 23c. DATE SIGNED <u>6 April 53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/6/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-6-53</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. Blaine Z. Hubbard

209 E. 2nd St. Terre Haute, Ind.

Va. 4350

at St. Luke's until noon
office after 1130

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Eugene Hermon

Licensed Embalmer No.

4633

P. O. Address

Terre Haute, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.